

[illegible]

Application Number 101506547

Filing Date .

Applicant(s) _____

☆	☆	☆

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14		1				
15						
16		1				
17						
18	1					
19		1				
20						
21		1				
22						
23	1					
24		1				
25		2				
26		2				
27		2				
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48						
49						
50						
Total Indep	3					
Total Depend	15					
Total Claims	18					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						